



BUILDING DEPARTMENT
20 MAIN ST. – P O BOX 2
MENDON, MASSACHUSETTS 01756
(508) 473-2679

BUILDING PERMIT APPLICATION

Date: _____ Fee: _____ Permit # _____

Street Location: _____ Zoning District _____

Owner _____ Address _____

Applicant _____ Address _____

License # _____

ROOFING	WINDOWS	SIDING	SHED	INSULATION
Type of roofing to be removed:	HOW MANY		SIZE	
LAYERS:				

COST: _____

***Routing slips required to show debris destination.**

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

Applicant's Signature Address Telephone #

Owners not using registered contractors or obtaining their own permits cannot receive payment from the Guaranty Fund. (MGL c 142A 780 CMR – 5)

Owner must sign proving that he understands.

Approved by: _____ Date: _____